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Suite 840 50 West Kellogg Blvd. Saint Paul, Minnesota 55102 www.stpaul.gov/parks

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## Fee Assistance Application for Youth Activities

## Parent/Guardian Name \_\_\_\_\_ Address \_\_\_\_\_ Apt#\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail address Total number of adults & children in your household (including yourself) Total family income for all family members for this year \_\_\_\_\_ Children receive: \_\_\_\_\_free school lunches \_\_\_\_ reduced fee school lunches I certify that all the information I have given on this application is true and I understand than any falsification or misrepresentation may disqualify me for fee assistance with the City of Saint Paul Department of Parks and Recreation. The Parks and Recreation reserves the right to verify this information to ensure accuracy. Applicant Signature \_\_\_\_\_ Date \_\_\_\_ List all youth, ages 18 & under, in your household who live at the address listed above, who you want to be considered for a fee assistance credit. Last Name First Name Birthdate Gender School Office use only: \_\_\_\_ Proof of Residency Date Staff



